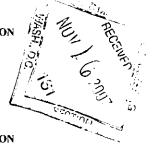
# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES & PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden hours per response..16.00

SEC USE ONLY
Prefix
DATE RECEIVED

Name of Offering ([] check if t	his is an ame	ndment and name h	nas changed, and in	dicate change.) Wim	ba, Inc.	Res Butterstein January January and Januar
Filing Under (Check box(es) the apply):	at	[ ] <u>Rule 504</u>	[ ] <u>Rule 505</u>	[x] <u>Rule 506</u>	[ ] Section 4(6)	[ ] ULOE
Type of Filing: [x] New Filing	[ ] Amend	lment				a sanna adam anna denas inina inina inina della inin inin
			A. BASIC IDENT	IFICATION DATA		
1. Enter the information request	ed about the	issuer				
Type of Filing: [x] New Filing [] Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)  Wimba, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (646) 861-5100  Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)  Brief Description of Business  Produce and sell software  Type of Business Organization  [X] corporation [] limited partnership, already formed [] other (please specify):    Month Year		01003003				
Address of Executive Offices 10 East 40th St., 11th Floor,	(Number : New York, ?	and Street, City, St VY 10016	ate, Zip Code)			Code)
		Number and Street,	, City, State, Zip Co	de) Telephone Num	ber (Including Area	Code)
Brief Description of Business Produce and sell software	***************************************					
Type of Business Organization					P	THUUESSED
[ X] corporation	• •	• • •	•	[ ] other (pleas	se specify):	NOV 2 1 20002
[ ] business trust	[ ] limite	d partnership, to b	e formed			FUCKO
Actual or Estimated Date of Inc	orporation or	Organization:			[ ] Estimated	FINANCIAL
Jurisdiction of Incorporation or [E]	Organization	: (Enter two-letter	U.S. Postal Service	abbreviation for State	e: CN for Canada; Fl	N for other foreign jurisdiction) [D]
Federal: Who Must File: All issuers mak 77d(6). When to File: A notice must be Commission (SEC) on the earlie date it was mailed by United St	ting an offerir filed no later er of the date ates registered	than 15 days after it is received by the d or certified mail t	the first sale of second secon	urities in the offering.	A notice is deemed exceived at that address	17 CFR 230.501 et seq. or 15 U.S.C. filed with the U.S. Securities and Exchangess after the date on which it is due, on the
Commission (SEC) on the earlie	er of the date ates registered and Exchange	it is received by the d or certified mail to Commission, 450	e SEC at the address to that address. Fifth Street, N.W.,	s given below or, if re Washington, D.C. 203	eceived at that address 549.	ss after the date on which it is due, on t

Filing Fee: There is no federal filing fee.

photocopies of manually signed copy or bear typed or printed signatures.

#### State:

the SEC.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Trionfi. Tommaso Business or Residence Address (Number and Street, City, State, Zip Code) 10 East 40th St., 11th Floor, New York, NY 10016 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x ] Executive Officer [ ] Director [ ] General and/or Managing Partner Full Name (Last name first, if individual) Thomas, Brian Business or Residence Address (Number and Street, City, State, Zip Code) 10 East 40th St., 11th Floor, New York, NY 10016 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [ ] Executive Officer [x ] Director [ ] General and/or Managing Partner Full Name (Last name first, if individual) Barandiaran, Walter H. Business or Residence Address (Number and Street, City, State, Zip Code) 10 East 40th St., 11th Floor, New York, NY 10016 Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [x ] Director General and/or Managing Partner

Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

[ ] Executive Officer

[ ] Executive Officer

[x] Director [] General and/or

[]

[X] Director

Managing Partner

General and/or Managing Partner

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

10 East 40th St., 11th Floor, New York, NY 10016

10 East 40th St., 11th Floor, New York, NY 10016

10 East 40th St., 11th Floor, New York, NY 10016

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

[ ] Promoter [ ] Beneficial Owner

[ ] Promoter [ ] Beneficial Owner

Sachs, Kylie A.D.

Scarpa, Carmen J.

Vallone, Carol A.

Check Box(es) that Apply:

Check Box(es) that Apply:

### ORMATION ABOUT OFFERING

l. Has t	he issuer so	old, or does	the issuer	intend to se	ll, to non-ac	credited in	vestors in th	nis offering?	******				Yes No
					Answer also	in Append	lix, Column	2, if filing	under ULOE	<b>3</b> .			( ) ( - )
2. What	is the min	imum inves	tment that	will be acc	epted from	any individ	ual?						\$NA
3. Does	the offerin	g permit jo	int ownersh	nip of a sing	gle unit?								Yes No [ ] [ X ]
for solid dealer re	citation of p egistered w	ourchasers in	n connection  and/or with	on with sale th a state of	es of securit states, list	ies in the of the name of	ffering. If a	person to be	listed is an more than f	associated p	erson or age	ilar remunerati at of a broker ed are associat	or
Full Na	me (Last na	ame first, if	individual	)			11.7.11				***************************************		·
Busines	s or Reside	nce Addres	s (Number	and Street	, City, State	, Zip Code)							
Name o	f Associate	d Broker o	r Dealer					***************************************					
		rson Listed			nds to Solici	t Purchaser	rs .			<u> </u>	] All States		1914
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	me (Last na	ıme first, if	individual	)	****								
Busines	s or Reside	nce Addres	s (Number	and Street	, City, State	, Zip Code)	<del></del>						· · · · · · · · · · · · · · · · · · ·
Name o	f Associate	d Broker o	r Dealer		<del></del>		***************************************					· · · · · · · · · · · · · · · · · · ·	
		rson Listed			nds to Solici	t Purchaser	·S			r	All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	ι [GA]		IID)	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[FL] [MI]	[GA]	[HI] [MS]	[ID] [MO]	
(MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[עדן]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	me (Last na	ıme first, if	individual)	)					W				
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)							

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount alread answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in amounts of the securities offered for exchange and already exchanged.			222			
Type of Security			Aggregate Offering Price	Amount Already Sold		
Debt			\$0	\$ 0		
Equity			\$0	\$ 0		
[ ] Common [ ] Preferred			-			
Convertible Securities (Convertible Preferred)			\$ 8,442,000	\$ 8,442,000		
Partnership Interests			\$ 0	\$0		
Other (Specify)			\$ 0	\$ 0		
Total			\$ 8,442,000	\$ 8,442,000		
Answer also in Appendix, Column 3, if filing under ULOE.						
2. Enter the number of accredited and non-accredited investors who have purchased securities in this aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persecurities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is	rsons who	have purchased		Aggregate Dollar Amount		
			Number Investors	of Purchases		
Accredited Investors			16	\$ 8,442,000		
Non-accredited Investors		-	0	\$ 0		
Total (for filings under Rule 504 only)	_		N/A	\$ 0		
Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securit date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in the securities by type listed in Part C-Question 1.			Type of Security	Dollar Amount		
Type of offering				Sold		
Rule 505			N/A	\$ N/A		
Regulation A			N/A	\$_N/A		
Rule 504			N/A	\$ N/A		
Total			N/A	<u>\$_N/A</u>		
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securi Exclude amounts relating solely to organization expenses of the issuer. The information may be giver contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to	n as subje	ct to future of the estimate.				
Transfer Agent's Fees	[]	\$ 0				
Printing and Engraving Costs	[]	\$ 0				
Legal Fees	[x ]	\$ 50,000		<del></del>		
Accounting Fees	[]	\$ 0				
Engineering Fees	[]	\$0				
Sales Commissions (specify finders' fees separately)	[]	\$ 0				
Other Expenses (identify) Postage, telephone, travel and blue sky fees	[]	\$ 0				
Total	[ x ]	\$ 50,000				

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$8,392,000		
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Pai C - Question 4.b above.	rt		
	Payments to Officers, Directors, & Affiliates	Payments To Others	
Salaries and fees	[]\$0	[]\$0	
Purchase of real estate	[ ] \$0	[ ] \$0	
Purchase, rental or leasing and installation of machinery and equipment	[ ] \$0	[ ] \$0	
Construction or leasing of plant buildings and facilities	[ ] \$0	[ ] \$0	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[ ] \$0	[ ] \$0	
Repayment of indebtedness	[]\$0	[]\$0	
Working capital	[X] \$8,392,000	[]\$0	
Other (specify): Investments in securities	[   \$0	[ ] \$0	
	[ ] \$0	[ ] \$0	
Column Totals	[]\$0	[]\$0	
Total Payments Listed (column totals added)	[X] \$	8,392,000	

	D. FEDERAL SIGN.	ATURE	
The issuer has duly caused this notice to be an undertaking by the issuer to furnish to the non-accredited investor pursuant to paragrap	signed by the undersigned duly authorized pers b U.S. Securities and Exchange Commission, up th (b)(2) of Rule 502.	on. If this notice is filed under pon written request of its staff,	Rule 505, the following signature constitutes the information furnished by the issuer to any
Issuer (Print or Type) Wimba, Inc.	Signature	(-)//	Date 11-13-⊃007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	- W	
Tommaso Trionfi	Chief Executive Officer	<u> </u>	
	ATTENTION		
Intentional mis	sstatements or omissions of fact constitute fe	deral criminal violations. (Se	se 18 U.S.C. 1001.)

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E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No
	[ ] <b>(</b> X) <sup>-</sup>
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized

posoni		$\wedge$	1	
Issuer (Print or Type)	Signature		1	Date
Wimba, Inc.		141	-	11-13-2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)		V	
Tommaso Trionfi	Chief Executive Officer	Ţ	1	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1			3						5	
West-Action	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of inve amount purchas (Part C-Ite	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes No			Number of Accredited Investors	Amount	Number of Non-Accredited Amount Investors		Yes	No	
AL							Amount			
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NJ		x	Convertible Preferred Securities; \$20,000	1	\$20,000	0	0		X	
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	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of i amount puro (Part C	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	e Yes No			Number of Accredited Investors	Accredited N		Amount	Yes	No
NY		x	Convertible Preferred Securities; \$4,640,000	4	\$4,640,000	0	0		X
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PA		х	Convertible Preferred Securities; \$180,000	1	\$180,000	0	0		Х
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